

Preventive Health & Health Services Block Grant:

A Valued Public Health Resource 2004



"Given the ever-changing nature of communities, health improvement efforts should be seen as a continuing journey rather than a specific destination."

The Future of the Public's Health in the 21st Century, Institute of Medicine, 2003

The Role of Block Grant Funding

In 1981, Congress authorized the Preventive Health & Health Services (PHHS) Block Grant. The PHHS Block Grant gives its 61 grantees (50 states, the District of Columbia, 2 American Indian tribes, and 8 U.S. territories) the autonomy and flexibility to tailor prevention and health promotion programs to their particular public health needs. States are expected to align their programs with *Healthy People 2010* national health goals.

This critical public health resource is used to

- Respond rapidly to emerging health problems in states, including foodborne infections and waterborne diseases.
- Fund critical prevention efforts to address health problems for which no categorical funding is available (e.g., skin cancer, child restraints, untreated dental decay).
- Support the efforts and increase the effectiveness of categorically funded programs that address health problems such as diabetes, cardiovascular disease, and tuberculosis.
- Leverage funds to substantially reduce health problems.

Flexible Funding for Public Health Efforts

As states undergo significant budget cuts, they must make every dollar count toward meeting the needs of their populations. The PHHS Block Grant allows

Role of Block Grant Dollars

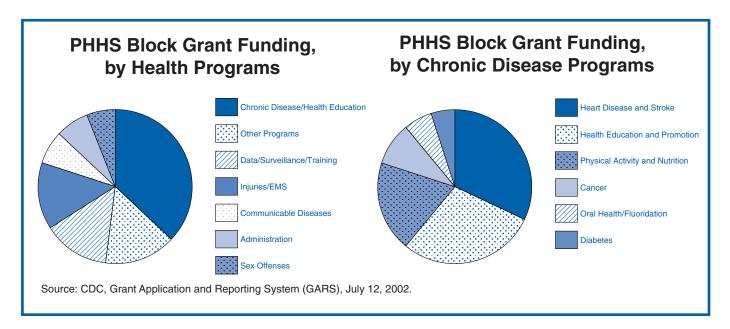
Of block grant dollars distributed in fiscal year 2003,

- 69% were used to fill in gaps in critical public health activities funded through other federal and state resources.
- 26% provided the only funding available to address a priority health problem.
- 3% were used to start up new projects.
- 2% went toward rapid response to emerging public health problems.

states to target funds to address chronic diseases such as diabetes, arthritis, heart disease, and stroke or to direct funds to meet the challenges of outbreaks of infectious diseases such as SARS and West Nile Virus.

Funding Local Communities

The PHHS Block Grant is a major source of funding for health promotion and disease and injury prevention in communities across the nation. A large percentage of these funds are distributed by states to local governments and organizations to address local public health problems. In Iowa, for example, the PHHS Block Grant provided critical funding to expand efforts to improve the cardiovascular health of residents in Johnson County, where community programs did not exist.



The PHHS Block Grant in Action

Below are examples of ways in which the PHHS Block Grant has played a critical role in supporting and improving the public's health in 2003.

Providing Supplemental Support for Categorical Funding

Ohio's death rates from chronic disease are among the highest in the United States. Data from the 2000 Behavioral Risk Factor Surveillance System indicate that 78.6% of Ohioans have poor dietary habits, 60% have sedentary lifestyles, 26.2% smoke cigarettes, and 21.5% are obese. The state's Heart Health project, funded in part by the PHHS Block Grant, is one of the most successful in the Healthy Ohioans program in helping to change behaviors that contribute to poor health. In 2003, 21 projects covering 42 counties and more than 7.3 million residents received \$1.93 million from the PHHS Block Grant. Populations at high risk were identified and given priority funding. Projects included developing walking trails, checking the blood pressure of barbershop patrons, and partnering with vending companies to place 5 A Day and Healthy Heart labels on vending machine foods.

Providing Start-Up Dollars for Health Care Programs

Fifty-three percent of all California schoolchildren in grades K-3 had some untreated tooth decay, according to the 1993–1994 Oral Health Needs Assessment. Only 3 years ago, California ranked 48th in the United States for the percentage of residents with fluoridated water. To respond to these problems, the California Department of Health Services leveraged \$263,775 in PHHS Block Grant funds to obtain \$15 million from the California Endowment to conduct the California Fluoridation Implementation Project to increase community water fluoridation throughout the state. The number of Californians with access to fluoridated water is expected to increase from 6 million (17%) in 1999–2000 to approximately 23 million (66%) by early 2006. This increase will move California to the top one-third of states whose residents have fluoridated water and bring the state closer to the Healthy People 2010 goal of 75% of the population having access to fluoridated drinking water.

Using PHHS Block Grant Dollars When No Other Sources of State or Federal Dollars Exist

Skin cancer is the most common type of cancer in the United States, and incidence rates in Arizona are "If the PHHS Block Grant did not exist, we would have to invent it. It is an indispensable public health resource. In Rhode Island, it has allowed us to greatly enhance our health information and communication for the public!"

Patricia A. Nolan, MD, MPH, Director Rhode Island Department of Health

"The PHHS Block Grant provides vital resources to build our capacity and infrastructure when there are no categorical federal funds or when no state general funds are available. It is critical to our ongoing basic needs."

Garry McKee, PhD, MPH, Director Wyoming Department of Health

three times higher than the national average. Arizona reports a 150% increase in melanoma cases and a 44% increase in deaths from melanoma since 1973. The Skin Cancer Foundation estimates that just one blistering sunburn in childhood can double the risk for getting melanoma later in life. The PHHS Block Grant is the sole source of funding (\$80,000) for Arizona's SunWise program. Initiated in 2003, the program provides sun-safety education for children in grades K–8. To date, more than 400 schools statewide have enrolled in the program, and 12,000 children have completed SunWise activities in English or Spanish.

Rapidly Responding to Health Threats

West Virginia faces many challenges in providing prehospital emergency care, including the state's mountainous topography and limited resources for emergency medical services (EMS). With limited services and personnel, addressing the special needs of children (e.g., obtaining parental consent and immunization information or screening for maltreatment) is even more difficult. To address this need, West Virginia established the EMS for Children program, which receives 62% of its funding from the PHHS Block Grant. Funds are used to develop uniform acute life support protocols for the state's 282,019 children younger than age 12. This information is distributed to providers who oversee emergency medical technicians and paramedics who respond to pediatric emergencies.

CDC's Leadership Role

CDC plays a vital role in ensuring that the states are accountable for the use of funds and ensuring that state block grant coordinators have the necessary knowledge and skills.

Developing the Electronic Grant Application and Reporting System (GARS)

The PHHS Block Grant legislation changed in 1994 to require states to submit a state plan that included selected health objectives from *Healthy People 2000/2010*, descriptions of health problems, target populations, and planned activities. To help track states' progress toward achieving their objectives, CDC worked with the states to develop the electronic Grant Application and Reporting System (GARS). This accountability tool helps to focus interventions on specific health problems and ensure that grantees are responsible for outcomes.

GARS (Grant Application and Reporting System) Software

- Ties award amounts to national Healthy People 2010 objectives and establishes state-level health status objectives that reflect the national objectives.
- Describes the health problem and the target populations for the health problem.
- Describes impact and outcome objectives.
- Allows states to relate program activities to public health's 10 Essential Services, as identified by the Institute of Medicine.
- Allows states to identify the PHHS Block Grant's role in funding health priorities.
- Enables states to complete an electronic annual report that describes changes in health objectives and progress toward completing program activities.

"Our new Project WISH partner program, launched with support from the PHHS Block Grant, was designed to increase the rate of screening exams for breast and cervical cancer among low-income and uninsured women in the District. In just a few months, the rate of mammography exams has doubled. We are encouraged by the tremendous impact of such interventions."

Elizabeth Neilson, MPH, MSN, Program Manager Breast and Cervical Cancer Early Detection Program District of Columbia Department of Health

Future Directions

In 2003, PHHS Block Grant staff members and regional representatives began developing Application and Annual Report Standards (AARS). These standards are designed to enhance the quality of information submitted by grantees and to provide a standard by which each application is reviewed. Implementation of the AARS will increase standardized reporting across all applications and promote access to high-quality data for requested reports.

CDC continues to sponsor the annual PHHS Block Grant Coordinators' Policy and Training Workshop. The workshop is designed to increase the skills and knowledge of state coordinators. It also allows CDC, in cooperation with the grantees, to guide and influence the role and impact of PHHS Block Grant funds on public health efforts at all levels.

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